## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 図63-032444 STATE FILE NUMBER Primary Registration District No. 002 Registrar's No. Registration District No. DO NOT WRITE AMENDED ON THIS STUB PLED AUG 2 0 1963 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before a. COUNTY b. COUNTY admission) VS 300 **JACKSON** AMENDED MISSOURI JACKSON Rev. 4/59 b. CITY (if outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN KANSAS CITY KANSAS CITY Yes No 🗆 62 yrs. c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm DATE **ADDRESS** 4020 FLORA INSTITUTION DOCTORS HOSPITAL Yes 🗗 X No 🗀 Yes D No DXX 3. NAME OF DECEASED Middle Last 4. DATE First Year (Type or print) OF DEATH RELZA Ε. SHULL AUGUST 1963 7. Married NX Never Married 9. AGE (last birthday) | IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Widowed [ Divorced Months 10-30-1903 59 FEMALE WHITE 12. CITIZEN OF WHAT COUNTRY TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KANSAS CITY, MO. U.S.A. 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME WILLIAM J. DAVIES RELZA E. HOLMES ROBERT A. SHULL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown); (If yes, give war or dates of NO Robert A.Shull.4020 Flora, Kansas City INTERVAL BETWEEN ONSET AND BEATH 18. CAUSE OF BEATH (Enter only one cause per PART I. DEATH-WAS CAUSED BY: DOCUMENT 10 IMMEDIATE CAUSE (a) 5 11 NSTEAD Conditions, if any, which gave rise to SE. above cause (a), stating the under-13 lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART III. deceased Was DEATH but not there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ No ☐ Unknown ☐ Yes AMENDMENT 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE 19. WAS AUTOPSY 20a, ACCIDENT П PERFORMED? 20c, TIME OF Month, Day, Year Hou RIBBON INJURY e.m. p.m BLACK INK COUNTY STATE 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED WHILE AT WORK | NOT WHILE AT WORK | farm, factory, street, office bldg., etc.) *IYPEWRITER* REA E 21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD USE 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 5 AFFIDAVIT 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b, DATE REMOVAL (Specify) ġ KANSAS CITY. MISSOURI GREENLAWN CEMETERY 8-7-63 BURIAL 25. DATE RECD. BY LOCAL REG. 26: REGISTRARYS SIGNATURE ADDRESS 24. FUNERAL DIRECTOR

INDEPENDENCE

GEO.C.CARSON & SONS.

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(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

or .by		ertify that the body whose				, Student Emba		<del></del>
working	4	y personal supervision.	·.	Signed_	ame	s D	flund	an
,		Signature of Student Embalmer		,			No. 522	
···.	<u>.</u>	w Fire	• .		Р. С	D. Address	ndependanc	e, M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.